NCCH submission to DHSC
Mental Health Strategy Consultation

Hospital to Community

How can mental health services work more effectively across the areas of:

- **the wider NHS, including new neighbourhood health centres**
- **services to support people with co-occurring mental health and neurodevelopmental conditions**
- **different sectors, including education, employers, local authorities and the voluntary, community and social enterprise (VCSE) sector**

Creative engagement impacts the mental health and wellbeing of individuals (see: bit.ly/4aHgKGD or bit.ly/4vitef2): from arts therapy support for people with SMI, to craft cafes supporting loneliness and isolation; movement and song reablement and confidence building, to improving the quality of life for people with chronic conditions or children on CAMHS waiting lists (see: bit.ly/4vVj0Tb).

Because arts play a role both in hospitals (see: https://nahn.org.uk/) and in community centres/ local cultural organisations, artistic practitioners are able to provide a sense of continuity on the journey from hospital to community. This not only has a positive impact on the mental health of the public, but also the wellbeing of the healthcare workforce - reducing service use and supporting people on waiting lists to 'wait well'.

NCCH's Creative Health Associates, Birmingham's City Council's Public Health Research Officers in Residence, and the Creatives in Place working in GP surgeries in Derbyshire all demonstrate the importance of having roles dedicated to translating between systems, communities and artists. This enables more joined up care, more trusting relationships, and supportive infrastructure for clinical services working under strain.

The co-location of creative classes alongside other health and community services can normalise access, reduce stigma, and build on trusted gateways. Examples of success include Liskeard Library's embedded health checks in Cornwall, Mimar Collective's creative wellbeing sessions at the 24/7 Neighbourhood Mental Health Centre in Birmingham, and the Creative Health Strategy at St George's Health and Wellbeing Hub, London.

What further support should be provided for people with severe and enduring mental illness to help them stay well, maintain participation in education, work and community life, avoid crisis and/or hospital admission, and/or reduce length of stay in inpatient units?

Creative health (i.e. the use of creativity to impact health and wellbeing outcomes) best supports people with SMI as an adjunct to core clinical care. This aligns with RCPsych's position that community interventions should be viewed as an accompaniment to medical interventions, especially in moderate-to-severe mental illness. The evidence is strongest where creative activity supports negative symptoms, motivation, social connection, self-expression, quality of life and recovery processes. As an example of effective practice, Cochrane-level evidence reports that music therapy added to standard care improves global state, mental state, social functioning and quality of life, with effects depending on the number and quality of sessions.

For community participation, the best-supported outcomes are social inclusion, connectedness, confidence, self-esteem, identity beyond illness, and progression into volunteering, education and employment, particularly when activities happen in non-stigmatising public or cultural spaces and include exhibitions, performances or peer leadership. These outcomes map closely to the CHIME recovery framework and to NHS policy aims around community living, meaningful activity and work. An example of good practice is BrightSparks Arts, who work in partnership with Leicestershire NHS Trusts. They offer practical workshops led by artists and mental health staff, with visible progression into volunteering, paid delivery, peer support work, youth work, and ward-based activity.

Implementation lessons from NHS-linked practice is that outcomes improve when creative health is embedded operationally rather than added on informally. For example, South West Yorkshire Partnership NHS Foundation Trust's 'Creative Care' programme, paired with Everybody Arts, used artists across wards, 1:1 and group activity, creative care planning, staff upskilling, and discharge linkage to community opportunities. Its associated peer-reviewed quality-improvement study found significant reductions in violence/aggression and restrictive practices. Broader literature on inpatient care reports positive impacts of access to arts/ artistic environments on ward atmosphere, boredom, aggression, and restraint.

What are the main barriers to continuity of care across transitions between hospital and community services, and between different levels of care, including child to adult services?

Please provide examples from either side of the transition and outline how these barriers could be effectively addressed.

When people leave ward-based structure, relationships and activity, they can face delays before CMHT, housing, benefits, or VCSE support is in place. Examples include when a person attends music/art sessions on the ward, but this is not written into the discharge plan; or when the community arts group exists, but no one books the first session, accompanies the person, or tells the facilitator about access needs. This risk can be mitigated by developing creative

discharge plans, named transition workers, warm handovers, first community sessions booked before discharge, and continuity of arts therapies where started in acute care, consistent with NICE's advice that psychological interventions begun in acute care should continue after discharge without unnecessary interruption. Since arts provision is available both in and outside of hospital environments, it is a valuable tool in supporting transitions, as it can offer a point of consistency between two very different environments.

By developing a 'no wrong door' creative health pathway, with stepped options, systems can avoid the care gap between those considered too unwell for community arts provision, but not well enough for secondary care. Creative health exists across multiple levels, including ward-based activity, HCPC-registered arts therapies for clinical need, community arts groups for recovery and identity, and peer/paid progression routes. Moreover, creative providers can offer belonging, identity, confidence and progression - both in the transition between child and adult service, and between hospitals and community - but short-term grants and weak clinical feedback loops limit continuity. This could be addressed through multi-year NHS-VCSE commissioning, shared referral protocols, consent-based information-sharing, clinical supervision for artists, and named NHS link workers. BrightSparks and Creative Care are useful models because they connect creative participation with NHS pathways rather than leaving people to self-navigate.

Analogue to digital

What evidence and innovative examples are there of digital and AI tools being used to achieve these outcomes:

- **improve mental health and wider societal outcomes**
- **support access to effective mental health support**
- **complement relational care**

Digital creative health (CreaTech) solutions have been shown to improve mental health and societal outcomes. Examples include Artfelt & Megaverse - at Sheffield Children's Hospital - used augmented reality, 3D sounds and projection to transform treatment rooms into interactive woodland and arctic worlds. This reduced pain, stress and anxiety in paediatric oncology patients during treatment. Zeitgeist - part of the AHRC-funded p_ART_icipate programme - which uses EEG to measure participants' brainwave activity during creative exercises, applying deep-learning algorithms trained on biomarkers for creative "flow" states to visualise mental state in real time. This nudges emotional regulation, with researchers theorising a link between flow states and social connectedness.

Likewise, digital referral platforms - like WISH - are important in supporting members of the community to stay aware of- and connected to- their local community services and creative opportunities, reducing demand on clinical services and improving personalised, preventative,

and patient-driven care. Another way of supporting access is through apps, like Create & Bloom - developed by South West Yorkshire Partnership NHS Foundation Trust. This is a "Couch to 5k for creativity" app enabling self-management of mental health and wellbeing, built with NHS-compliant information security ensuring data remains on-device - removing cost and stigma barriers to access.

Finally, a great example of how digital solutions can complement relational care comes from Noise Solution, providers of music mentoring for youth mental health. They have developed a bespoke AI-enabled digital platform which allows young people to document their music-making journeys, and this can be safely shared with family and key workers. The platform creates a continuous, low-burden feedback loop, enriched by self-determination theory, enabling early intervention. Noise Solution was recently commended within an All-Party Parliamentary Group briefing for their ethical use of AI and video to analyse service-user experience, demonstrating how digital tools can enhance, rather than replace, trusted human relationships.

How can data be used more innovatively to improve mental health and wider societal outcomes?
Please provide examples.

Gloucestershire ICB have done great work integrating evidence-informed creative health provision into their clinical workstreams, including work in both adult and children's mental health. A key enabler in this journey has been the use of NHS numbers and a minimum dataset (populated by leaders from a dedicated Creative Health Consortium) to link outcome measures to alternative provision and population health data to evidence comparable impact. This enabled service-users to benefit from measures like goal-based outcomes, which are more suited to their needs, whilst ICB can see information about service use, health inequalities, etc. With the creation of the single patient record and pushes towards usage of the NHS app, there is now greater opportunity to use simple technological solutions to trace impact. For example, patients could scan their entry into creative health sessions, using functions such as QR codes or unique identifiers, and the app could then associate this data to their mental health status and service use. This in turn would create a clearer picture of how access to creative provision impacts mental health outcomes, and how these benefits compare to other clinical and community provisions, enabling more evidence-informed commissioning decisions and infrastructure development.

Similarly, datasets like BeeWell, in Manchester, use a co-produced survey and sense-making workshops to gather annual data, on mass, from schools across Manchester. The size of this cohort enables causal inferences between behaviours and mental health outcomes, and the annual update to the dataset enables identification of patterns across time. For example, this data has shown that access to creative activity - broadly defined - has strong links to better mental health outcomes. Specifically, those who partake in a range of creative activities benefit more than those who specialise in a single artform, suggesting that imagination and novelty are potential mechanisms for action.

Sickness to prevention

Which preventative approaches have the strongest evidence for reducing incidence or severity of mental health problems and promoting good mental health?

At NCCH we particularly champion the evidence on early years arts and cultural engagement as a protective determinant of health (see: https://committees.parliament.uk/writtenevidence/149745/html/). Creative engagement in the first 1,001 days and throughout early childhood strengthens emotional regulation, language development, social connection and cognitive flexibility, establishing protective factors that influence mental health across the life course while helping reduce health inequalities. Programmes such as BookTrust's Bookstart and Whitworth's Early Years Everyday Art School demonstrate how targeted, affordable creative opportunities can engage families who might otherwise miss out, with Talent25 also identifying parental wellbeing, intergenerational participation and community-based delivery as important enablers of sustained engagement.

More broadly, Arts on Prescription (AoP) has the most consistent UK service-level evidence of creative health improving wellbeing and reducing anxiety/ depressive symptom severity in adults. One large UK AoP analysis found that people with lower baseline wellbeing had more potential to improve, but were less likely to attend or engage, implying that outreach, onboarding, transport, and confidence-building are core design features. Evidence tracking the impact of Artlift AoP services in Gloucestershire suggests that creative health provision led to a 37% reduction in GP consultations and 27% reduction in hospital admissions.

Group singing has the strongest UK randomised controlled trial evidence among specific art forms. In older adults, it has improved mental-health-related quality of life, anxiety, and depression, and in mothers with postnatal depressive symptoms it has shown sustained symptom reduction and cost-effectiveness.

Museum and heritage-based social prescribing shows meaningful gains in psychological wellbeing for older adults at risk of isolation, for incidence prevention specifically. The strongest evidence is not from time-limited provision but from sustained, regular cultural engagement supported by community facilitators and cultural sites. Examples of successful provision include the work of The Albany's Meet Me and Create Arts.

Which preventative approaches have the strongest evidence for reducing the numbers of lives lost to suicide?

Lived experience advocates of participatory arts activities within communities often self-report that access to creative provision has saved their lives. However, evidence for self-harm or suicide attempts in this areas is limited to early-stage material. Similarly, the British Association

of Art Therapists describes the evidence for art therapy and self-harm as preliminary. Therefore, creative health is best framed as secondary/ tertiary prevention for groups at elevated risk, especially where stigma, isolation, minority stress or mistrust of services prevents engagement.

Creative health is particularly effective for groups at elevated risk of poor mental health because it offers trusted, culturally relevant and non-stigmatising routes into support for people who may not engage with traditional services. For example, **Men's Sheds** demonstrate how shared creative activity can reduce isolation and improve wellbeing, with 39% of shed leaders believing their group has prevented a suicide. Similarly, LGBT+ creative hubs such as **Queer Care Camp**, **Rainbow Mind** and **QueerCircle** provide affirming spaces that address minority stress, belonging and mistrust of mainstream healthcare. Consequently, embedding creative health within mental health pathways would strengthen secondary and tertiary prevention by reaching underserved communities earlier and supporting ongoing recovery through connection, identity and peer support.

Another important consideration for suicide prevention is the negative impact that can be experienced by facilitators of creative health sessions. Creative practitioners supporting trauma in settings such as prisons, domestic abuse settings, refugee services, etc. have reported compassion fatigue, secondary traumatic stress and burnout. They typically do not have the support of supervision, compared to their talking therapy counterparts, placing them at risk. Likewise, a substantial body of research suggests that some artistic occupations have elevated rates of depression, anxiety, substance misuse and suicide, with study participants identifying precarious employment, irregular income, long working hours, public scrutiny and identity-entangled work as being key risk factors.

How can services better support the 'missing middle' - those with sustained needs (that affect their participation in community life, for example, in education or work) who may not meet the criteria for NHS mental health services?

Please provide examples.

Public perceptions of mental health and well-being differ substantially from clinical metrics, and are shaped by differences in cultures, lived experiences, and philosophical foundations. That is what inspired the development of the Creative Health Communication Framework (available in short form: https://ncch.org.uk/uploads/CHCF-Resource.pdf and long-form: https://lnkd.in/e_Fj_7GG). The resource supports clinical and community providers, alike, to better understand how members of the public naturally discuss their mental health and well-being. The framework can be used in-depth or in a light-touch manner, adapting around different contexts, but it is particularly well placed for link-workers who specialise in signposting to creative and community provision. The framework was developed with members of the public from a broad range of ethnic backgrounds and genders, prioritising socioeconomic groups who are most impacted by social determinants of health. Use of the framework has since been applied, in contexts such as discussions with people with acquired brain injuries, to test its

appropriateness to communities. By better understanding the nuances of needs and non-clinical service provision, the framework intends to support better planning between the NHS and VCFSE sector, enabling the identification of service gaps and/or over-population of specific types of services. It also helps creative provision, and other VCFSE offerings, to be more distinct in their communication of value, which supports members of the public with finding more compatible support systems and helps them avoid falling through gaps.

Creative health has also been proposed as a suitable support mechanism for children on CAMHS waiting lists, helping to reduce the deterioration of wellbeing and prevent the escalation of acute mental health symptoms (e.g. Arts Boost in Wales reduced CAMHS pressures). For more information, visit our DCMS briefing, 'Youth Creative Health A Preventative, Place-Based Lever for Youth Participation and Economic Growth':
https://ncch.org.uk/uploads/Youth-Creative-Health.pdf

Factors enabling good practice

What commissioning, funding and oversight or accountability arrangements (nationally and locally) best support safe and integrated mental health services that improve outcomes across mental health, participation in work, education and community life, and social functioning?

Please provide examples.

Number 11 Arts, in Birmingham, demonstrate how a network of constituency-level Arts Forums enable the mobilisation of community assets and distributed funding, whilst stakeholders like Create Gloucestershire and North Somerset Locality Partnerships promote the value of community chests - where citizen juries guide investments - to enable autonomy, local pride, and well aligned provision at the neighbourhood level.

Implementation research tracking the benefits of Birmingham's Public Health Research Officers in Residence model of creative health demonstrated that investment from the city council into infrastructure roles, rather than short-term projects, not only strengthened long-term planning and better evaluation of cultural activities, but also helped to leverage funding from outside health and strengthen relationships between cultural organisations and the Public Health team.

Gloucestershire Creative Health Consortium has been a key enabler for cultural organisations to receive ICB commissioning, as it helps to meet governance and procurement requirements without reducing the inherent benefits that come from artistic ways of working. Moreover, training delivered from Gloucestershire ICB has been important in helping these providers to align with clinical workstreams, and therefore contribute to existing priorities rather than entirely novel alternatives which may not be within the remit of the NHS.

Creative Health Boards - which gather expertise from across NHS, Public Health and VCFSE/ culture - have proven to be a highly effective oversight arrangement for local planning in Doncaster. Meanwhile, work from the Mobilising Community Assets to Tackle Health Inequalities research programme is helping to develop the economic case for creative health, aligning service outcomes within Green Book-recognised terms. This will enable clinical and public health commissioners to invest more confidently in creative health provision.

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